

DEPARTMENT:
Public Health

BY:
C. B. Mosher, MD, Health Officer

PHONE:
966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_x__)

Recommend resolution authorizing Chair to sign Standard Agreement for Maternal-Child Health (MCH) Grant, Comprehensive Perinatal Outreach Program (CPO) for Fiscal Year 1994-1995 in the amended amount of \$142,461. It is the Health Officer's assessment that this program will continue to fill one of our County's major Public Health needs at no financial cost to County. This program will also continue work already begun by the Perinatal Coordinating Council; it will endeavor to assure that all mothers and children have access to quality maternal and child health services; it will help to prevent certain kinds of birth defects and childhood learning problems, and in so doing, may decrease the enormous cost to taxpayers of caring for such children. All women of childbearing age, infants, children and adolescents are eligible.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously approved the Application for MCH Grant on 2/22/94, Res. No. 94-56, and the original MCH Standard Agreement was approved 9/20/94, Res. 94-395. This agreement includes the CPO Program funding for FY 1994/1995.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Fund the MCH & CPO Programs from County General Funds.
2. Discontinue the MCH Program and the CPO Program, returning funds to the State.
3. Funds expended to date would need to be partially funded by County funds.

COSTS: () Not Applicable
 A. Budgeted current FY 236,867
 B. Total anticipated costs 274,982
 C. Required additional funding
 D. Internal transfers

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

SOURCE: () 4/5ths Vote Required
 A. Unanticipated revenues
 B. Reserve for contingencies
 C. Source description:
 Balance in Reserve for Contingencies,
 if approved: \$

CLERK'S USE ONLY:
 Res. No.: 95-145
 Vote - Ayes: _____
 Absent: Mosher
 Approved _____
 Minute Order Attached ()
 Ord. No. _____
 Fees: _____
 Abstained: _____
 Denied _____
 No Action Necessary _____

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
 This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.
 Date:
 ATTEST: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California
 By: _____
 Deputy

Comment: _____
 A.O. Initials: 